

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

11/17/00

CLAIMS

SERIAL NO.	FILING DATE
10134537	
APPLICANT(S)	

AS FILED	AFTER		AFTER			
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
1		1				
2			1			
3				1		
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TOTAL IND.		5				
TOTAL DEP.		8				
TOTAL CLAIMS						

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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			